

gastric artery, of a calibre not exceeding the size of a common pin, which ran in a slanting course inwards and across the linea alba for the epigastric trunk. There was no internal hemorrhage. The walls of the abdomen were between two and three inches thick, and the impediment to the removal of the fluid had been occasioned by the falling into the canula of a *tail*, as it were, of the border of the omentum.

63. *Extensive Laceration of the Organs of Generation.*—The following case, recorded by Mr. SNELL in the *London Med. Gaz.*, (Oct. 1846,) affords a remarkable example of the restorative powers of nature, and is well calculated to show how much may be accomplished by those powers when judiciously assisted by art.

"A boy, twelve years of age, was climbing up a rope to the end of which a hook was attached: by some mischance his hands gave way, and he fell backwards 'head over heels.' In his descent, the point of the hook caught his trousers, penetrating the integuments just above the pubes, and tearing back the whole of the genital organs close to the anus.

"When first I saw the laceration (some hours after), the injured parts presented a very novel appearance. The sufferer was in bed, and, on my separating the legs, nothing appeared of the genitals but what resembled a lump of fat or an undistended bladder lying close to the anus. The testicles were hanging by the spermatic cords on each side, and I was informed that but trifling hemorrhage had ensued. Upon examining this mass of apparent fat, I made out the penis, scrotum, &c., but all corrugated and shriveled up, cold and bloodless. These I stretched out into shape, and found that, by a little careful and nice adaptation, they could be made exactly to fit the torn surface above. Having next returned the testes, and accurately adjusted the parts with numerous stitches, the whole was retained in proper position. These were supported in every needful direction by strips of isinglass plaster spread upon ox-gut. The whole was then covered with carded wool, until warmth and vitality were perceptibly returning to the detached portion.

"I confess that I entertained considerable doubt as to the probability of adhesion, and felt not a little anxious, during the three succeeding days, lest sloughing should ensue.

"The isinglass plaster, from its transparency, allowed me to see distinctly how the case was progressing without disturbance of the parts; and I was much gratified, on the day following, to perceive that not only had vital warmth been restored, but also that they were agglutinating most satisfactorily.

"Finding, on the third day, that the isinglass plaster yielded sufficient support to ensure local apposition, I cut the stitches least required, and continued to do so daily.

"The parts gradually healed, and, with the exception of one or two spots which were a little puckered, and in which granulations appeared, the whole of this extensive laceration healed by the first intention; and I need scarcely add, under circumstances which little warranted the hope of such a termination."

64. *Spontaneous cure of Hydrocele.* By FRED. COX, Esq.—Mr. ——— consulted me in the autumn of last year, for an inflamed testicle, which was treated in the usual way by leeches, cold lotions, &c., and soon got better, a slight enlargement remaining. After a few weeks fluid became perceptible in the tunica vaginalis, and this went on increasing until a tolerably large hydrocele was produced. Early in February last, I removed the fluid by means of the trocar, but took no steps to effect a permanent cure. The fluid, as was to be expected, soon began again to accumulate, and in the month of April at least five or six ounces were in the sac. I saw Mr. ——— in the months of May and June, and each time found the water had sensibly decreased, and by the middle of July it was entirely gone; the most minute examination failed in detecting the least appearance of fluid, nor has any been effused up to this time. Beyond a slight enlargement of the testis, and a little tenderness and occasional pain of that organ, the parts are now perfectly normal.

The occupation of my patient is of a most active character, requiring his presence in London twice a week, and subjecting him to much horse-exercise every day. He is rather intemperate in his habits. I mention these circumstances be-

cause they may be thought to have played a part in causing the absorption of the hydrocele.

Now, I must state, that no *local* remedies whatever had been employed in this case with the view of dispersing the affection; but Mr. — has been taking, for more than a year, the iodide of potassium, with decoction of sarsaparilla, for secondary syphilitic symptoms. Whether the exhibition of these medicines had any effect in causing the absorption of the hydrocele, is a point I leave for your readers to speculate upon, merely stating my own opinion, which is, that they were perfectly innocent of the cure. I am not aware that the iodide of potassium administered internally has any influence in causing the absorption of such serous effusions, whatever power it may have in removing glandular enlargements and the like. I look upon the employment of the remedies, and the absorption of the fluid as a mere coincidence, and not as cause and effect. My patient took the above medicine long before the hydrocele appeared, and during its production, and for some time before the tapping, iodine was freely used externally, as well as taken internally, with a view to its dispersion, but without the least beneficial result; on the other hand, the fluid steadily increased under its use. I should rather look for the cure to have been effected by the active horse-exercise and the over-indulgence in stimulants. These combined would doubtless set up a brisk action in the tunica vaginalis and testis generally, and under such a condition of the organ, the absorption might reasonably be looked for, if it might be looked for under *any* circumstances,—of course, I mean no remedies being used. Sir Benjamin Brodie has mentioned two unequivocal instances of spontaneous cure of hydrocele from inflammation of the tunica vaginalis accidentally taking place, and Dr. Watson narrates a case where rapid absorption followed a fit of drunkenness.—*Prov. Med. and Surg. Journ.*, Nov. 4th, 1846.

OPHTHALMOLOGY.

65. *Structure of the Vitreous Body.*—The laminated structure of the vitreous body has been already demonstrated by Pappenheim* and by Brücke,† the latter of whom made his observations chiefly on the eyes of sheep. The truth of their account has been in great measure confirmed by HANNOVER,‡ so far, at least, as concerns the eyes of the horse, ox, sheep, cat and dog; but not as regards the human eye, in the vitreous body of which a different structure exists. Hannover's account goes further than that either of Pappenheim or of Brücke; he describes the vitreous body in the eyes of the above-named animals as composed of concentric laminæ, each one of which forms a complete shut sac, so that the substance of the body is almost entirely made up of a number of these concentric sacs, inclosed one within the other. In the eye of the cat, dog and ox, the individual laminæ (which are very thin) lie so closely and compactly one within the other, that the corpus vitreum appears as one solid mass. In the vitreous body of the human eye this peculiar laminated structure does not occur; an arrangement which is almost exactly represented by the structure of an orange being substituted in its place. If a perpendicular section be made of a human corpus vitreum, which has been hardened by maceration in chromic acid, the cut surface will present a number of fine striæ, converging towards the centre, which are so many radii of sectors of which the body is composed. The axis towards which these sectors converge may be represented by an imaginary line drawn through the vitreous body from the centre of the optic nerve, just previous to its expansion into the retina, to the middle of the cornea, consequently it corresponds exactly to the canalis hyaloideus, which transmits the arteria centralis through the centre of the vitreous body. In the hardened eyes of new-born children, in whom this artery is pervious,§ it is more evident than in adults that the hyaloid canal forms the axis towards which all the sectors converge. The striæ or radii of the sectors

* *Specielle Gewebelehre des Auges*, 1842, p. 182.

† Müller's *Archiv.*, 1843, p. 345; and 1845, p. 130.

‡ *Ibid.*, 1845, p. 471.

§ In adults he never succeeded in finding either the canal or the artery pervious.